

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90185 043 \*\*\*\*70.00

**DOCUMENT # N04000009775**

1. Entity Name  
**FRIENDS OF A1A SCENIC AND HISTORIC COASTAL  
BYWAY, INC.**



Principal Place of Business  
**300 S. CENTRAL AVE  
SUITE 102  
FLAGLER BEACH, FL 32136**

Mailing Address  
**P.O. BOX 328  
FLAGLER BEACH, FL 32136-0328**

2. Principal Place of Business - No P.O. Box #

**2175 MIZELL ROAD**

3. Mailing Address

**2175 MIZELL ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST. AUGUSTINE, FL.**

City & State

**ST. AUGUSTINE, FL.**

Zip

**32080**

Country

**ST. JOHNS**

Zip

**32080**

Country

**ST. JOHNS**

02252008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**01-0817026**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HADEED, ALBERT J  
104 S 4TH STREET  
FLAGLER BEACH, FL 32136-0190**

7. Name and Address of New Registered Agent

Name **SALLIE O'HARA**

Street Address (P.O. Box Number is Not Acceptable)

**2175 MIZELL ROAD**

City **ST. AUGUSTINE**

**FL**

Zip Code  
**32080**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sallie O'Hara SALLIE O'HARA, BYWAY PROGRAM ADMINISTRATOR 2-27-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D-P** ☐ Delete  
NAME **HELM, CHARLES M**  
STREET ADDRESS **PO BOX 328**  
CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE **DST** ☐ Delete  
NAME **NETHERTON, JIM**  
STREET ADDRESS **9505 OCEANSHORE BLVD.**  
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE **D-VP** ☐ Delete  
NAME **JENNESS, BARBARA**  
STREET ADDRESS **4300 COASTAL HWY**  
CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

TITLE **D** ☐ Delete  
NAME **CLARKE, KEITH**  
STREET ADDRESS **37 WALKERS RIDGE DRIVE**  
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **D** ☐ Delete  
NAME **RUZECKI, MARY ANN**  
STREET ADDRESS **1100 SOUTH CENTRAL AVE.**  
CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE **D** ☐ Delete  
NAME **WILSON, ANNE**  
STREET ADDRESS **5750 N. OCEANSHORE BLVD.**  
CITY-ST-ZIP **PALM COAST, FL 32137**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D-S** ☒ Change ☐ Addition  
NAME **HELM, CHARLES M.**  
STREET ADDRESS **216 N. 2ND AVE.**  
CITY-ST-ZIP **FLAGLER BEACH, FL. 32136**

TITLE **D-T** ☒ Change ☐ Addition  
NAME **NETHERTON, JIM**  
STREET ADDRESS **9505 OCEANSHORE BLVD.**  
CITY-ST-ZIP **ST. AUGUSTINE, FL. 32080**

TITLE **D-P** ☒ Change ☐ Addition  
NAME **JENNESS, BARBARA**  
STREET ADDRESS **4300 COASTAL HWY**  
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D-VP** ☒ Change ☐ Addition  
NAME **WILSON, ANNE**  
STREET ADDRESS **5750 N. OCEANSHORE BLVD.**  
CITY-ST-ZIP **PALM COAST FL. 32137**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Jenness BARBARA JENNESS, PRESIDENT


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-08 904-823-0027

# 2008 NOT-FOR-PROFIT CORPORATION ATTACHMENT ANNUAL REPORT

<b>DOCUMENT # N04000009775</b>					
<b>1. Entity Name</b> FRIENDS OF A1A SCENIC AND HISTORIC COASTAL BYWAY, INC.					
<b>Principal Place of Business</b> 300 S. CENTRAL AVE SUITE 102 FLAGLER BEACH, FL 32136			<b>Mailing Address</b> P.O. BOX 328 FLAGLER BEACH, FL 32136-0328		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02252008 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 01-0817026				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HADEED, ALBERT J 104 S 4TH STREET FLAGLER BEACH, FL 32136-0190			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D-P HELM, CHARLES M PO BOX 328 FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D HARDEN, GEORGE 9 AVALON DRIVE PALM COAST, FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DST NETHERTON, JIM 9505 OCEANSHORE BLVD. ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D KAUFMAN, IRENE 2537 S. PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D-VP JENNESS, BARBARA 4300 COASTAL HWY ST AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D Scofield, Tom P.O. Box 210 (75 Cordova St) ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D CLARKE, KEITH 37 WALKERS RIDGE DRIVE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D SAMUELS, BOB 110 MICKLER BLVD. ST. AUGUSTINE BEACH, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D RUZECKI, MARY ANN 1100 SOUTH CENTRAL AVE. FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D WILSON, ANNE 5750 N. OCEANSHORE BLVD. PALM COAST, FL 32137	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					